



Division of Family and Children Services

RESOURCE DEVELOPMENT PURCHASE REQUEST FORM

Region #	Region Lead Name:			Phone #
	Resource Developer Name:			Phone #
Event Title	Event Date	Event Time	Event Location	
Event Purpose		Event Objectives		
Event Description:				
Expected Attendance #:				
Total Refreshment Cost:				
Total Cost Per Participant :				
Explain how any extra refreshments will be handled				
Vendor Name/ Number/Address( If more than one, add information in the comments section):				
Amount to Be Paid to Vendor:				
Vendor Verification:		<p style="text-align: center;"><b>Check One</b></p> <input type="checkbox"/> I am not using vendors for this event. No further action needed. <input type="checkbox"/> I am using a contracted vendor for this event. No further action needed. <input type="checkbox"/> I am using an uncontracted vendor for this event. (Follow the instructions for vetting providers on page two and attach results.)		
		<p><b>Vendor Verification:</b></p> <p><b>Secretary of State Verification:</b>  <a href="http://corp.sos.state.ga.us/corp/soskb/csearch.asp">http://corp.sos.state.ga.us/corp/soskb/csearch.asp</a></p> <p><b>Federal Excluded Parties List:</b>  <a href="https://www.sam.gov/portal/public/SAM">https://www.sam.gov/portal/public/SAM</a></p> <p><b>State Debarred Contractor List:</b>  <a href="http://doas.georgia.gov/StateLocal/SPD/Contracts/Pages/SpdDebar.aspx">http://doas.georgia.gov/StateLocal/SPD/Contracts/Pages/SpdDebar.aspx</a></p>		
Other Comments:				

Resource Development Signature

Date

RD Lead or Designee Signature

Date

Regional Director or Designee

Date

By signing this form you are agreeing that the above plan is reasonable and in support of the Regional Recruitment and Retention Plan.

A sign-in sheet with participant signatures must be maintained for any event that includes refreshments or incentives. A copy of the sign-in sheet should be submitted to Regional Accounting with invoices.